## Terrorism Command Specialist - HazMat & EMS Application

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Fire Fighter Training P.O. Box 30700, Lansing, MI 48909 Telephone: 517-373-7981 Fax: 517-335-4061

Authority: 1966 PA 291

**Instructions** - Required courses for the Terrorism HazMat/EMS Command Specialist are provided on the back. The applicant is to complete Sections I, V and the section(s) corresponding to the certification level(s) for which you are applying. Attach required documentation. The applicant's fire chief is to complete Section VI. **Both** the applicant and fire chief must sign and date the application before submitting to the Course Manager.

Check the level(s) for which you are applying: Terrorism - HazMat Command Specialist Terrorism - EMS Command Specialist LAST NAME MIDDLE INTIVAL  ADDRESS No P.O. Souse - UPS will not deliver)  CITY STATE ZIP CODE SOURCE - UPS will not deliver)  CITY STATE ZIP CODE SOCIAL SECURITY NUMBER:  DAYTIME TELEPHONE NUMBER (incluse Area Code) EVENIND TELEPHONE NUMBER (include Area Code) DRIVER'S LICENSE NUMBER  EMAIL ADDRESS FIRE DEPARTMENT, STATION NAME FOLD NUMBER (include Area Code) DRIVER'S LICENSE NUMBER  II. Terrorism - HazMat Command Specialist (Hazardous Materials)  Attach certificate for FF I or previous phases I & II training Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name FDID Number From Month/Year MonthlyYear  Attach a copy of training certificate for each Terrorism HazMat Command Specialist course  II. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach a copy of training certificate for each Terrorism Hazmat Command Specialist course  III. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature  Locatify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANTS SIGNATURE  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF PRIE CHEFT ACRONY HEAD ON DESIGNEE  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.	Mail or fax completed application and att Applicant Information	achments to th	he addres	ss listed above.				
ADDRESS No P.O. Boxes - UPS will not deliver)  CITY  STATE  ZIP CODE  SOCIAL SECURITY NUMBER:  DRIVER'S LICENSE NUMBER  FIND NUMBER (include Area Code)  FIRE DEPARTMENT / STATION NAME  FIND PARTMENT - STATION NAME  FIND NUMBER (include Area Code)  FIRE DEPARTMENT / STATION NAME  FIND NUMBER (include Area Code)  Attach certificate for FF I or previous phases I & II training  Minimum 3 years of fire service experience required. List most recen experience first.  Fire Department Name  FIDD Number  FIDD Number  Attach a copy of training certificate for each Terrorism HazMat Command Specialist course  II. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach certificate for FF I or previous phases I & II training  Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name  FIDD Number  From Month/Year  To Month/Year  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  II. Certification and Signature  I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  BOATE			Terrorism - HazMat Command Specialist				Terrorism - EMS Command Specialist	
CITY  DAYTIME TELEPHONE NUMBER (Include Area Code)  EVENING TELEPHONE NUMBER (Include Area Code)  FROM TO Month/Year  Attach certificate for FF I or previous phases I & II training  Attach a copy of training certificate for each Terrorism HazMat Command Specialist course  II. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach a copy of training certificate for FF I or previous phases I & II training  Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name  FDID Number  FIRE Department Name  FDID Number  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature  I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE  VI. FIRE Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  BORNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE	LAST NAME		FIRST NAME					MIDDLE INITIAL
DAYTIME TELEPHONE NUMBER (Include Area Code)  EVENING TELEPHONE NUMBER (Include Area Code)  EVENING TELEPHONE NUMBER (Include Area Code)  II. Terrorism - HazMat Command Specialist (Hazardous Materials)  Attach certificate for FF I or previous phases I & II training  Attach a copy of training certificate for each Terrorism HazMat Command Specialist course  II. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach a copy of training certificate for each Terrorism HazMat Command Specialist course  II. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach certificate for FF I or previous phases I & II training Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name  FDID Number  From To Month/Year  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  II. Certification and Signature  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature  DATE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.	ADDRESS (No P.O. Boxes - UPS will not deliver)					COUNTY OF	RESIDE	NCE
E-MAIL ADDRESS FIRE DEPARTMENT / STATION NAME FIDEN NUMBER  II. Terrorism - HazMat Command Specialist (Hazardous Materials)  Attach certificate for FF I or previous phases I & II training Experience first.  Fire Department Name FDID Number From Month/Year  Attach a copy of training certificate for each Terrorism HazMat Command Specialist course  II. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach certificate for FF I or previous phases I & II training Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name FDID Number From To Month/Year  Month/Year  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature  I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANTS SIGNATURE  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE	CITY		STATE		ZIP CODE			SOCIAL SECURITY NUMBER*
II. Terrorism - HazMat Command Specialist (Hazardous Materials)  Attach certificate for FF I or previous phases I & II training	DAYTIME TELEPHONE NUMBER (Include Area Code)	EVENING TELEPHONE NUMB		BER (Include Area Code)	DRIVER'S LICENSE NUMBER		BER	
Attach certificate for FF I or previous phases I & II training  Fire Department Name  FDID Number  From Month/Year  Attach a copy of training certificate for each Terrorism HazMat Command Specialist course  II. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach certificate for FF I or previous phases I & II training Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name  FDID Number  From To Month/Year  To Month/Year  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature  Learning the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANTS SIGNATURE  DATE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  BIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE	E-MAIL ADDRESS FIRE DEPARTMENT		ENT / STATION NAME					FDID NUMBER
Attach a copy of training certificate for each Terrorism HazMat Command Specialist course  II. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach certificate for FF I or previous phases I & II training Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name  FDID Number  From Month/Year  To Month/Year  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  II. Certification and Signature  II. Certification and Signature  Icertify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANTS SIGNATURE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  BIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE	II. Terrorism - HazMat Command Specialist	 t (Hazardous Ma	aterials)					
Attach a copy of training certificate for each Terrorism HazMat Command Specialist course  II. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach certificate for FF I or previous phases I & II training Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name  FDID Number  FIDD Number  FORD  Month/Year  TO Month/Year  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature  I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE  DATE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE	Attach certificate for FF I or previous ph	ases I & II traini	ng				ervice e	experience required. List most recent
II. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach certificate for FFI or previous phases I & II training Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name FDID Number FDID Number FOID Number FOID Number FOID Number Month/Year FOID Number Month/Year  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE DATE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE DATE	Fire Department Name	FDID Number						
II. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach certificate for FFI or previous phases I & II training Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name FDID Number FDID Number FOID Number FOID Number FOID Number Month/Year FOID Number Month/Year  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE DATE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE DATE								
II. Terrorism - EMS Command Specialist (Emergency Medical Services)  Attach certificate for FF I or previous phases I & II training Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name FDID Number FDID Number FOID Number FOID Number FOID Number FOID Number FOID Number FOID Number Month/Year  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature L certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE DATE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE  DATE								
Attach certificate for FF I or previous phases I & II training Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name  FDID Number  From Month/Year  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature  I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE  DATE					rse			
Minimum 3 years of fire service experience required. List most recent experience first.  Fire Department Name  FDID Number  FDID Number  From Month/Year  Attach a copy of training certificate for each Terrorism EMS Command Specialist course  III. Certification and Signature  I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE  DATE  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE  DATE				es)				
Attach a copy of training certificate for each Terrorism EMS Command Specialist course    III. Certification and Signature			-	cent experience first.				
III. Certification and Signature  I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE  DATE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE  DATE	Fire Department Name	FDID Nur	mber					
III. Certification and Signature  I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE  DATE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE  DATE								
III. Certification and Signature  I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE  DATE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE  DATE								
I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE  DATE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE  DATE	Attach a copy of training certificate for e	each Terrorism <b>E</b>	EMS Comr	mand Specialist course	;			
Terrorism Command Specialist certification.  APPLICANT'S SIGNATURE  DATE  VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE  DATE	III. Certification and Signature							
VI. Fire Chief / Agency Head or Designee  To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE  DATE	Terrorism Command Specialist certification.		best of my	y knowledge. I unders	tand that p	providing fals	se infor	mation will result in revocation of my
To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.  SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE  DATE	APPLICANT'S SIGNATURE							
SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE DATE	VI. Fire Chief / Agency Head or Designee							
	To the best of my knowledge, the information	on submitted by	the above	applicant is true and a	ccurate ar	nd I recomm	end Ol	FFT approval.
FIRE DEPARTMENT NAME FDID NUMBER	SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE						DATE	:
	FIRE DEPARTMENT NAME						FDID	NUMBER

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.